

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568,193

FILING DATE

2-9-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8				1		
9				1		
10				1	2	
11					1	
12						1
13						1
14						1
15						1
16					1	
17						1
18						1
19						1
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48						
49						
50						
TOTAL IND.		↓	2	↓	2	↓
TOTAL DEP.		←	8	←	8	←
TOTAL CLAIMS			10		10	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						